





CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR § 1.16(c) or (i))		28-20 =	8	X \$ 18.00 =	\$ 144.00
INDEPENDENT CLAIMS (37 CFR § 1.16(b) or (i))		6-3 =	3	X \$ 78.00 =	\$ 234.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR § 1.16(d))				\$260.00 =	\$
				BASIC FEE (37 CFR § 1.16(a))	\$ 690.00
				Total of above Calculations =	\$1068.00
				Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27, 1.28).	
				TOTAL =	\$1068.00

6. Small entity status

- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

7. ☒ A check in the amount of \$ 1068.00 is enclosed.

8. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205: TECHNOLOGY CENTER 2800

- a. ☒ Fees required under 37 CFR § 1.16.
- b. ☒ Fees required under 37 CFR § 1.17.
- c. ☐ Fees required under 37 CFR § 1.18.

9. ☐ Other \_\_\_\_\_

RECEIVED  
JUN 27 2000  
TC 2800 MAIL ROOM

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below

10. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or	<input type="checkbox"/>	New correspondence address below
NAME					
ADDRESS					
CITY					
COUNTRY	STATE	ZIP CODE			
TELEPHONE		FAX			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	SCOTT D. MALPEDE
SIGNATURE	[Signature]
REGISTRATION NO.	32,533
DATE	March 1, 2000